

<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="font-size: small; margin-top: 10px;">(to be used for all correspondence after initial filing)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td>10/579,447</td> </tr> <tr> <td>Filing Date</td> <td>(Int'l) November 24, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Ikue YAMASHITA</td> </tr> <tr> <td>Art Unit</td> <td>2617</td> </tr> <tr> <td>Examiner Name</td> <td>K. Wang-Hurst</td> </tr> <tr> <td>Attorney Docket Number</td> <td>278542007000</td> </tr> </table>	Application Number	10/579,447	Filing Date	(Int'l) November 24, 2004	First Named Inventor	Ikue YAMASHITA	Art Unit	2617	Examiner Name	K. Wang-Hurst	Attorney Docket Number	278542007000
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Attorney Docket Number	278542007000												
Total Number of Pages in This Submission	5												

ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement— Supplemental (3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Alternative to PTO/SB/08A/B (1 page) 2 References		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Remarks</td> <td style="padding: 2px;">Customer No. 25225</td> </tr> </table>			Remarks	Customer No. 25225
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature	/Michael Stanley/		
Printed name	Michael Stanley		
Date	November 29, 2010	Reg. No.	58,523